

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-479)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	W/O.	DEF.	W/O.	DEF.	W/O.	DEF.
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TOTAL W/O.	3					
TOTAL DEF.		20				

	W/O.	DEF.	W/O.	DEF.	W/O.	DEF.
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